

**Know Your Customer (KYC) Form for
- Partnership Firm -**

Name of Company _____

Address:

PAN Number _____ IEC Number _____

Telephone _____ Fax _____

_____ Email _____

Partner Details:

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a
most recent
Photograph

Partner Details:

Name: _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Telephone _____ Mobile _____

Fax _____ Email _____

Please paste a
most recent
Photograph

Documents Required

Registration Certificate

Partnership Deed

Power of Attorney

Valid ID proof (Partner/Power of Attorney holder)

Telephone Bill

Partner Details:

Name: _____
Date of Birth _____ Sex _____
Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Please paste a most recent Photograph

Partner Details:

Name: _____
Date of Birth _____ Sex _____
Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Please paste a most recent Photograph

Partner Details:

Name: _____
Date of Birth _____ Sex _____
Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Please paste a most recent Photograph

Partner Details:

Name: _____
Date of Birth _____ Sex _____
Address _____

City _____ State _____
Telephone _____ Mobile _____
Fax _____ Email _____

Please paste a most recent Photograph